Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
		FCL053014	B. WING		07//	04/204E				
			1		07/0	01/2015				
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
IMPACT FAMILY CARE HOME 211 RED HOLLY DRIVE SANFORD, NC 27330										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE				
C 000	Initial Comments		C 000							
	Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on July 01, 2015 from 12:30pm until 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on August 05, 2004 as a Family Care Home for six ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired"									
	Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:									
C 174	SECTION .0300 - 1 10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and pli care home shall be operating condition (j) This Rule shall family care homes. This Rule is not me 1. The kitchen range	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing	C 174							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL053014	B. WING		07/0	1/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 RED HOLLY DRIVE SANFORD, NC 27330									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE			
C 174	qualified technician hood. Provide the I with documentation 2. The front ramp holocations. Have a crotted wood. Provide DHSR Construction been completed. 3. The handrails on the way to grade. At there are no handratechnician install har ramp and extend the ground level. Provide DHSR Construction completed. 4. On the corner of of the garage door of the garage door of qualified technician siding. Provide doc Construction section completed. 5. In several areas the paint is faded and technician prepandipainting. Provide doc painting. Provide doc painting.	repair or replace the range DHSR Construction Section confirming the repair. as rotted wood in several qualified technician replace the de documentation to the a Section when all repairs have the front ramp do not go all also on the inside of the ramphals. Have a qualified andrails on the inside of the e handrails all the way to de documentation to the a section when all repairs are the house near the left side the siding is rotted. Have a repair or replace the rotted cumentation to the DHSR in when all repairs are on the exterior of the home and peeling. Have a qualified I paint any areas that need ocumentation to the DHSR in when all repairs are	C 174						

Division of Health Service Regulation STATE FORM